

# **EXHIBIT 612.2**

1 STATE OF ILLINOIS )  
2 ) SS.  
3 COUNTY OF MCHENRY )  
4

5 I, HEATHER PERKINS-REIVA, Certified Shorthand  
6 Reporter in and for the County of McHenry and State of  
7 Illinois, do hereby certify that WILLIAM L. GALANTER,  
8 M.D., Ph.D. was first duly sworn to testify the whole  
9 truth and that the above deposition was recorded  
10 stenographically by me, and was reduced to typewriting  
11 under my personal direction.

12 I further certify that the said deposition was taken  
13 at the time and place specified.

14 I further certify that I am not a relative or  
15 employee or attorney or counsel of any of the parties,  
16 nor a relative or employee of such attorney or counsel  
17 or financially interested directly or indirectly in  
18 this action.

19 In witness whereof, I have hereunto set my hand and  
20 affixed my seal of office at Algonquin, Illinois, this  
21 5th day of August, A.D., 2011.

22 Heather Perkins-Reiva

23 Heather Perkins-Reiva, C.S.R. No. 084-003714  
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